

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Jeremy K. Snow et al.

Confirmation No. 7314

Application No.: 10/580,878

Filed: May 25, 2006

For: RESETTABLE SAFETY SHIELD FOR MEDICAL
NEEDLES

Group Art Unit: 3767

Examiner: Elizabeth MacNeill

Customer No.: 26,152

TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Enclosed for filing in the above-referenced application are the following:

- ☒ Response to Requirement for Restriction (20 pgs.)
- ☒ Amendment Transmittal Letter (1 pg.)

The Commissioner is authorized to charge any additional fees required in connection with the filing of these papers, or credit overpayment, to Deposit Account No. 50-2375.

By /Kevin B. Laurence/
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Certificate of Mailing or Transmission

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the USPTO via the EFS-Web electronic filing system or Facsimile (801-578-6932) on the date set forth below, or being deposited with the USPS as First Class Mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

/Carol I. Archuleta/
Carol I. Archuleta

Date: September 2, 2008

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 11487/5336	
Applicant(s): Jeremy K. Snow et al.						
Application No. 10/580,878	Filing Date May 25, 2006	Examiner Elizabeth MacNeill	Customer No. 26,152	Group Art Unit 3767	Confirmation No. 7314	
Invention: RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	60 -	60 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$210.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
/Kevin B. Laurence/ <i>Signature</i>			Dated: September 2, 2008			
Kevin B. Laurence Registration No. 38,219 Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center; margin-top: 20px;"><i>Signature of Person Mailing Correspondence</i></div> <div style="text-align: center; margin-top: 10px;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div>			
CC:						